

LUZ

COMMUNITY DEVELOPMENT COALITION

COMPREHENSIVE COMMUNITY PREVENTION PLAN

LIGHTING THE PATH TO A BRIGHTER FUTURE

UPDATE: 2007

THIS DOCUMENT WAS PRODUCED WITH SUPPORT FROM THE NEVADA DEPARTMENT OF HUMAN RESOURCES, STATE HEALTH DIVISION, BUREAU OF ALCOHOL AND DRUG ABUSE, AND THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANTS.

THE VIEWS AND OPINIONS EXPRESSED DO NOT NECESSARILY REPRESENT AN OFFICIAL POSITION OR POLICY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OR THE STATE HEALTH DIVISION.

TABLE OF CONTENTS

INTRODUCTION	3
THE STRATEGIC PREVENTION FRAMEWORK	
PROCESS	
STEP ONE: ASSESSMENT	6
STEP TWO: CAPACITY.....	12
STEP THREE: PLANNING	14
STEP FOUR: IMPLEMENTATION	15
STEP FIVE: EVALUATION	17
COMMUNITY CALL TO ACTION	20

INTRODUCTION

LUZ Community Development Coalition was founded in 2003. Members came together to apply for a Nevada State SIG Grant that would address the needs of the growing Latino community in Clark County. The group then set out to find an organization that would mentor the coalition and assist in securing funds. The group decided on LUZ Community Development Coalition because it worked under a model of putting communities and families first.

LUZ has modeled itself after the Goshen Community Development Coalition, in both its organizational structure and in identifying the needs of the community. LUZ set out to serve a special population within the Clark County area previously served by Goshen. LUZ has greatly benefited from the experiences and relationships that Goshen has established within the community.

Together all members of LUZ Community Development Coalition will plan, implement and facilitate in the elimination and reduction of substances abuse, violence, socio-economic deprivation, HIV/AIDS, human trafficking and racism while working to obtain equal access to education, affordable housing, and prosperity for all sectors of our community.

The mission of LUZ is *“to assist our community partners in strengthening families and neighborhoods through the identification of collaborative opportunities, community education and advocacy for marginalized Southern Nevadans.”*

The membership decided early on to adopt a grass roots model to assist community members in making their own neighborhoods healthier and safer by using proven effective prevention methods. The Latino population is very internally diverse, from new families to those whose ancestors have lived in the United States for many generations. The Latino Community in Clark County is made up of individuals from different Spanish speaking countries or ancestries, each bringing with it both subtle and obvious differences. As a result, Clark County’s Latino community is an incredibly diverse collection of attitudes and lifestyles.

A five (5) member volunteer Board of Directors with diverse representation from Clark County governs LUZ. The coalition contracts with independent providers for services such as accounting, evaluation, data administration, and other services as warranted. LUZ has set forth to identify possible organizations and individuals to assist in the growth and development of the coalition and its vision. In having organizations and community members work together, the needs of this community will be better served and providers will be able to leverage available resources.

The foundation for the work of LUZ is anchored in its Comprehensive Community Prevention Plan (CCPP), which will be updated periodically. The first CCPP was published in 2006. The federal Substance Abuse and Mental Health Services (SAMHSA) community mobilization tool, the **Strategic Prevention Framework** (SPF) was utilized as the basis for the planning process to complete this document. The five steps of the SPF are reflected in the CCPP and are:

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation

Step 1: Assessment – LUZ collects existing substance abuse related data from the Youth Risk Behavior Survey (YRBS), Nevada Kids Count, and other local, state and national data. Coalition members have reviewed the data, participated in local focus group meetings, and have used this information to establish local priorities. These priorities are the focus of this CCPP and include:

- Alcohol abuse and other drug use/abuse including: Binge Drinking, Marijuana Use, and Methamphetamine Use
- Drinking and driving behaviors including: DUI, and Riding with a drunk driver

Step 2: Capacity – Working with community data and with the assistance of community partners, LUZ gathered information about strategies, programs, and services that exist within the community. Coalition members began this process in 2005 and have continued to regularly identify and review information related to capacity. LUZ builds capacity by effectively and strategically addressing substance abuse in its many forms.

Step 3: Planning – Following assessment and capacity building, LUZ, in collaboration with its partners developed a strategic plan that addresses the priorities identified in the assessment section. This plan serves as our community's prevention blueprint for action.

Step 4: Implementation – LUZ currently does not currently fund service providers for the implementation of prevention services or initiatives.

Step 5: Evaluation – Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices. LUZ will monitor the four core measures targeted by the SPF – 30-Day Use, Age of Onset, Perception of Harm, and Perception of Parental Disapproval, and compares local data to statewide and national numbers. All programs (anticipated) that are funded through LUZ will be evaluated using standardized instruments. The coalition itself is evaluated to ensure that it is operating efficiently and effectively, and discussions are currently taking place about the creation of a central database that will house all of the coalition's process and outcome data.

These steps are linear in that they are addressed and completed in order. These steps are cyclical in that they are repeated in the community over time. In the coming year, the plan will be used to determine the direction of prevention within the Latino community of Clark County. In order to be very clear, the CCPP concludes with a Call to Action, which is the capstone of the document.

The Call to Action essentially charges the LUZ staff, contractors, and volunteers, in concert with various sectors of the community, to implement the plan, as outlined in Section 3: Planning. Consistent and faithful implementation of the CCPP will provide the Latino community within Clark County with an orderly, coherent, and strategic design that will result in *“assisting our community partners in strengthening families and neighborhoods through the identification of collaborative opportunities, community education, and advocacy for Southern Nevadans.”*

The Strategic Prevention Framework

LUZ has structured this CCPP according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). This process enables coalitions to build the infrastructure necessary for effective and sustainable prevention.



Step #1: Assessment - Profile population needs, resources, and readiness to address needs and gaps

Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. Part of this mobilization, and a key component of SAMHSA's SPF State Incentive Grant program, is the creation of an epidemiological workgroup. The epidemiological workgroup should spearhead the data collection process and is responsible for defining the problems and the underlying factors that will be addressed in Step 4: Implementation. Assessing resources includes assessing cultural competence, identifying service gaps, and identifying the existing prevention infrastructure in the State and/or community. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

Step #2: Capacity - Mobilize and/or build capacity to address needs

Capacity involves the mobilization of resources within a geographic area (state/community). A key aspect of Capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and training. Additionally, Capacity should include a focus on sustainability as well as evaluation capacity.

Step #3: Planning - Develop a Comprehensive Strategic Plan

Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified in Step 1 of the SPF. The planning process produces Strategic Goals, Objectives, and Performance Targets as well as Logic Models and in some cases preliminary Action Plans. In addition to the Strategic Goals, Objectives, and Performance Targets, Step 3 can also involve the selection of evidence based policies, programs, and practices.

Step #4: Implementation - Implement evidence-based prevention programs, policies, and practices

Implementation involves taking action guided by the Strategic Plan created in Step 3 of the SPF. If action planning, or the selection of specific policies, programs, and practices, was not part of the planning process in Step 3, it should occur in Step 4. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Step #5: Evaluation - Monitor, evaluate, sustain, and improve or replace those that fail

Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the process is identifying areas for improvement. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. Evaluation also includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the Strategic Plan, relevant Action Plans, and measures.



Step 1: Assessment

LUZ's assessment process is a vehicle for identifying community priorities based on the collection and review of data, which define the problems, resources, and the local conditions of Southern Nevada with an emphasis on the Latino community within Clark County. Assessment is the first step in a process that is used to create evidence-based approaches for improving the problems, practices, and policies in our community.

A. Priorities

During the original assessment, LUZ's priorities were defined in terms of Risk and Protective Factors with an overarching vision of *"planning, implementing and facilitating the elimination and reduction of substance abuse, violence, socio-economic deprivation, HIV/AIDS, human trafficking and racism while working to obtain equal access to education, affordable housing, and prosperity for all sectors of our community."* To date, LUZ has worked to reduce substance use/abuse by supporting programs and activities that have been shown to address these Risk and Protective Factors:

- Availability of Drugs
- Community Laws & Norms Favorable Toward Drug Use
- Academic Failure Beginning in Late Elementary School
- Favorable Attitudes Toward The Problem Behavior
- Parental Supervision
- Child's Attachment to Parent
- Parent's Attachment to Child
- Parents Involvement in Childs Activities
- Commitment to School
- Attachment to Teachers
- Aspirations to Go to College
- Expectations to Go to College
- Parent's Expectation for Child to Go to College
- Parent's Values About College
- Peers Have Conventional Values
- Parent's Positive Evaluation of Peers

These Risk and Protective Factors are addressed as the following priorities within the Latino communities of Clark County.

A. Priorities

- Alcohol abuse and other drug use/abuse including: Binge Drinking, Marijuana Use, and Methamphetamine Use
- Drinking and driving behaviors including: DUI, and Riding with a drunk driver

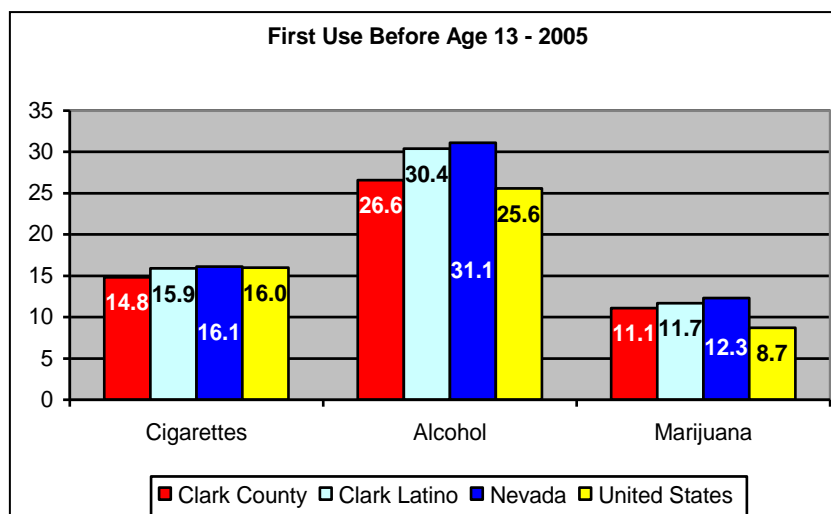
The assessment section describes the collection of data to define the problems, resources, and the local conditions within the Latino communities of Clark County. This data will be used to identify evidence-based approaches for addressing the problems, practices, and policies in our communities. The data presented is an accumulation of data collected through the Youth Behavioral Risk Survey (YRBS), The Nevada Kids Count Data Book, and Clark County Needs Assessment.

The goal of using data in the assessment process is to be able to identify the priorities of the community and to review data indicators that will provide the basis for the implementation of evidence based programs, policies, and services. Through the analysis of state and local data LUZ is able to identify target populations within Latino communities of Clark County. Areas that will be included in the assessment section will include individual behavior that is related to substance abuse, community conditions and attitudes, family involvement, parental attitudes, academic influences; youth risk perceptions, and substance consumption patterns.

B: Data Indicators

- Age of onset
- Lifetime Use
- 30-Day Use
- Binge Drinking
- Availability of substances
- Perceived availability of substances
- Attitude toward the problem behavior
- Perception of harm/risk
- Parental Monitoring
- DUI Rates
- Riding with a driver who has been drinking

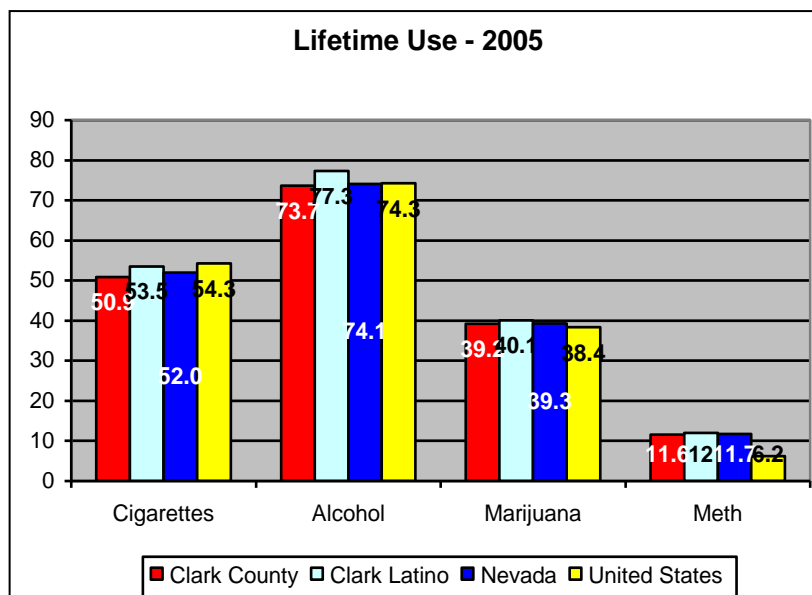
Although drinking by persons under the age of 21 is illegal, young people continue to drink almost 20% of all alcohol consumed in the United States. Alcohol use by youth is a major health concern and it is the most commonly used and abused drug among the young people throughout the United States. Under-age alcohol use is better understood if the community has an awareness of when youth begin to drink, how alcohol is obtained, and other health and community factors that might influence their drinking patterns. In addition, the earlier young people begin engaging in risky behaviors the greater likelihood they will have chronic problems with these behaviors later.



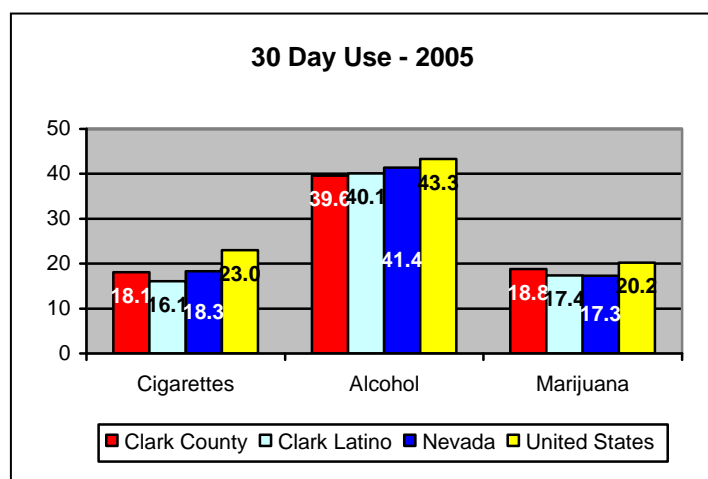
The National Center for Chronic Disease Prevention and Health

reported in 2006 that teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to begin using marijuana, and 22 times more likely to begin using other illicit drugs. The data presented in the Illustration indicates the percentage of students who smoked, had their first drink of alcohol, or tried marijuana before the age of 13. This data, as well as all subsequent data, represents Latino students of Clark County, along with overall Clark County and Nevada state data for comparison purposes. The data indicates that more than 1 out of every 10 Latino students report using cigarettes and marijuana before age 13, and 3 out of 10 Latino students report using alcohol before age 13.

In the discussion of substance use among students, there must be a distinction made between prevalence and incidence of substance use. Prevalence of substance use is defined as any use during the lifetime of the student, regardless of the number of occurrences. Incidence of substance use is defined as use of a substance within the last 30 days, regardless of the number of occurrences. The rate of lifetime substance use by Latino students in Clark County for cigarettes, alcohol, and marijuana is reported at a rate on par with overall county, state, and national use rates. The reported lifetime use rate for Methamphetamine among Latino student is nearly twice as high as the national rate of use. The following graph illustrates reported lifetime use of alcohol, cigarettes, marijuana, cocaine, inhalants, and Methamphetamine. The youth lifetime use of alcohol is an alarming 77.3%. The reported data provides evidence of the challenges that Latino students are facing with regards to alcohol, tobacco, marijuana, and methamphetamine use.



Statewide, 41.4% of students reported using alcohol sometime in the past 30 days, and Latino students in Clark County report use rates that are comparable. 30-day use rates among Latino students for cigarettes and marijuana are comparable to local and state use rates also. At the present time, YRBS studies do not report 30-day use of methamphetamines. These alarming rates are illustrated in the graph and once again provide evidence of the extreme challenges facing Latino youth in Clark County in addressing the specified priorities set forth in this document.



Reported use rates are one factor to be considered in addressing the needs of Latino students in the Clark County area, however a complete picture of the local conditions will give greater understanding in addressing the needs of the community. The availability of substances, community norms, attitudes, and perceptions are core measures of the community.

The more readily available alcohol, marijuana, and methamphetamines are in a community, the higher the risk that abuse will occur in that community.

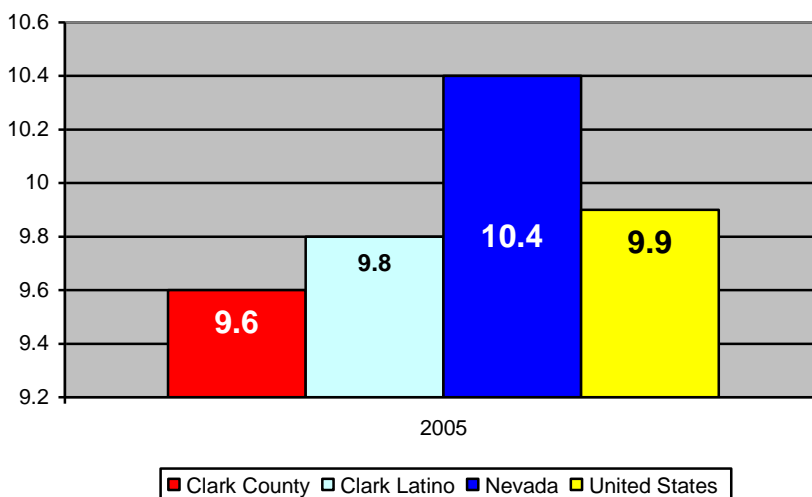
Perceived availability of substances is also associated with increased risk of abuse. Schools and school property can be places where young people are offered or can purchase illegal drugs and alcohol. The availability of drugs and alcohol on school property can be a disruptive

and corrupting influence in the school environment. The 2005 YRBS reported that nationwide 25.4% of students had been offered, sold, or given an illegal drug by someone on school property. The nationwide incidence rate reflected a reported rate during the 12 months preceding the survey. During the same period the prevalence rate of having been offered, sold, or given an illegal drug on school property in Nevada was 32.6%, Clark County 35.3%, and Latino students in Clark County 37.4%. The apparent availability of drugs in the schools puts our students at high risk for abusing drugs.

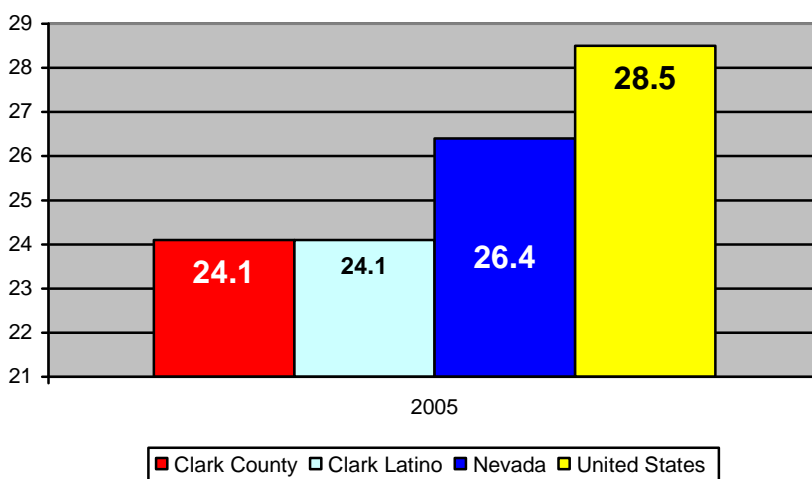
Schools are not the only place that students are able to purchase drugs and alcohol. The community itself through its community norms is a contributory factor in substance use and abuse by youth. The attitudes and policies of a community can be correlated to drug use, alcohol use, violence, and crime within the community and especially among young people. A community can communicate to its citizens in a variety of ways; through laws and written policies, informal social practices, and through the expectations parents and other members of the community have of young people. When laws, tax rates, and community standards are favorable toward substance abuse, violence or crime, or even when they are unclear, young people are at a higher risk for substance abuse.

One way to measure risky behavior by students is the percent of students who drive cars after they have been drinking or ride in a vehicle with a driver who has been drinking. Studies have shown that while some students will not risk drinking and driving or riding with a drunk driver, the over all percentage of students engaging in this risk behavior shows that approximately 1 out of 10 Latino students are drinking and driving and an alarming 3 out of 10 Latino students are riding with a drunk driver. This data indicates that a percentage of students do not perceive the combination of alcohol and driving to be a great risk to themselves or others.

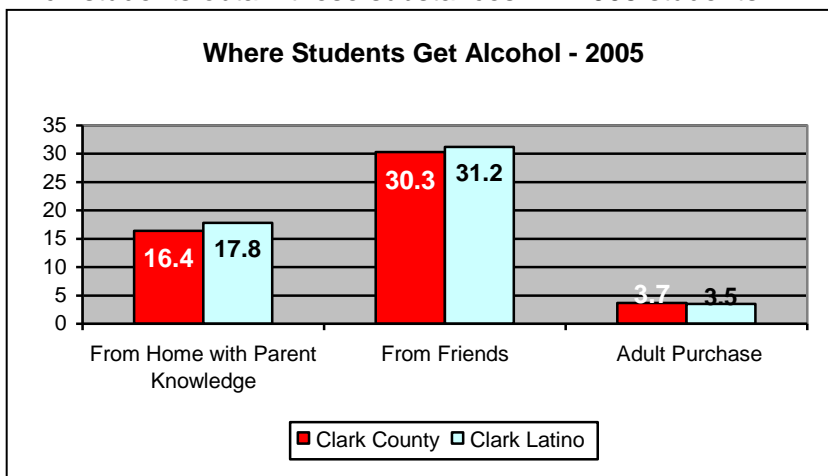
Drinking and Driving in Past 30 Days



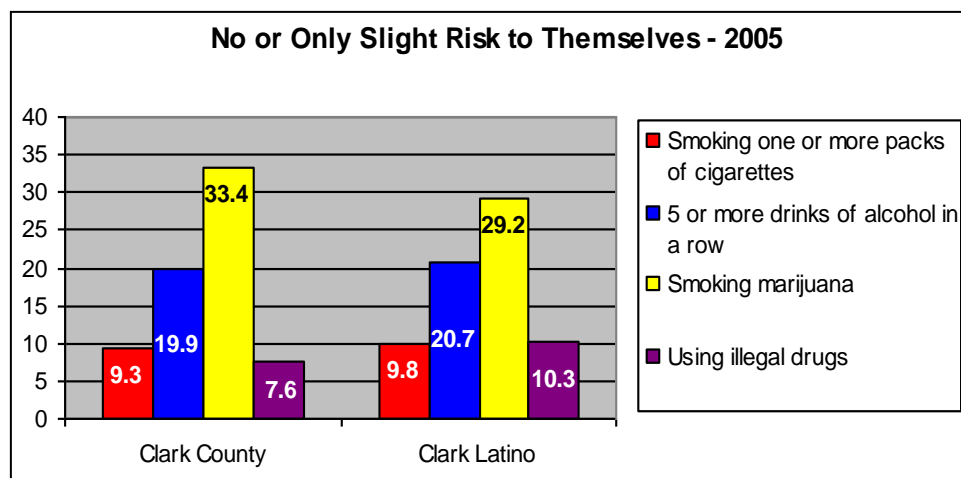
Riding with a Drunk Driver - Past 30 Days



Along with understanding how easy it is for students to obtain alcohol and drugs, it is also necessary to look at the manner in which students obtain these substances. In 2005 students reported that the most common way to obtain alcohol was through a purchase made by a friend. In addition, students reported that they were also able to obtain alcohol from home with parental approval at a rate of 17.8% for Latino students in Clark County. Over thirty percent of Latino students reported having friends purchase alcohol for their use. The following graph illustrates the results of this data.



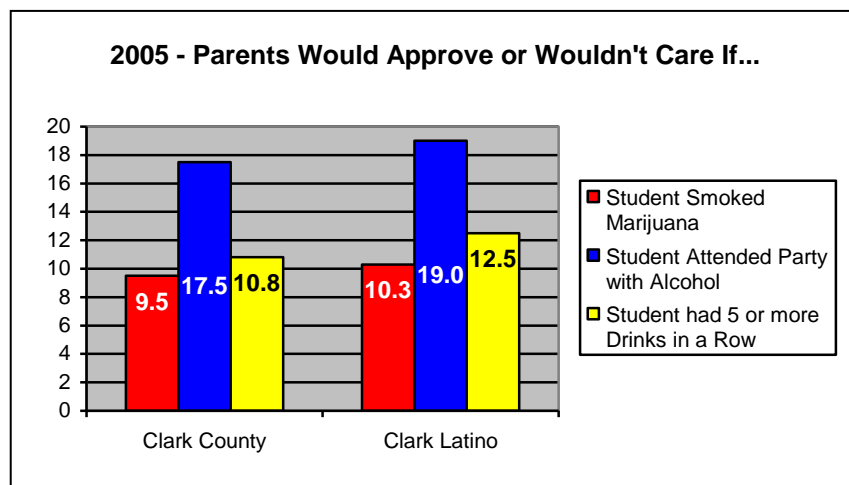
Another concern is the existence of favorable attitudes towards problem behavior by students and adults. During elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs, commit crimes, and drop out of school. In middle school there is a change in attitudes as their peers begin to participate in such activities and their attitudes shift toward a greater acceptance of these behaviors. This acceptance translates to the perception that the problem behavior is not harmful, thus putting youth at a higher risk of problem behavior. Nearly thirty percent of Latino youth feel that there is “no” or only a “slight” risk of harming themselves if they smoke marijuana.



Binge drinking is a risk factor that students perceive as having “no” or only a “slight” risk of harming themselves. Binge drinking is considered as having 5 or more drinks of alcohol in a row. Center for Disease Control and Prevention

(2006) reports that about 90% of the alcohol that is consumed by youth under the age of 21 is in the form of binge drinking. The proportion of drinkers that have drunk in the past 30 days report that they binge drink and the highest rate of binge drinking is among 18 to 20 year olds (52.1%). Binge drinking not only puts young people at a high risk for alcohol poisoning, it also puts them at risk for unintentional injuries such as car crashes, falls, drowning, and other such injuries. In addition, there is a greater risk for sexual assault, domestic violence, sexually transmitted diseases, and pregnancy. The 2005 YRBS report indicated that 20.7% of Latino students in Clark County felt that there is “no” or only a “slight” risk of harming themselves if they have 5 or more drinks of alcohol in a row. Favorable attitudes towards the problem behaviors discussed are shown in the accompanying graph.

Parental attitudes and involvement in the problem behavior towards drugs, crime, and violence influence the attitudes and behavior of their children. Children of parents who approve of or excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behavior. In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers in adolescence. How students perceive their parents' attitudes can indicate the parental attitudes that are displayed in the home. Latino students in Clark County reported that they felt their parents would not care or would approve of them attending a party where alcohol is served at a rate of 19.0%. Student perceptions of parental approval were approximately 2.0% higher among Latino students in Clark County.



The LUZ Community Development Coalition Board, staff, and community members will continue to use statewide and local data to address the stated priorities within Latino communities of Clark County. The use of the data each year will allow the LUZ Community Development Coalition to measure the effectiveness of programs that address alcohol and drug abuse as well as drinking and driving behaviors.

Target Populations

LUZ recognizes that the intended population of the anticipated services is multi-cultural and diverse in their ethnic make up. They are distinct within the many communities that make up the Latino communities of Clark County and we recognize that cultural relevance must be identified and addressed in the selection of services for the various populations that we serve. The four target populations include the community, family, school, individuals and peers. Within each population are risk and protective factors that our community will address as they relate to the availability of drugs and alcohol, ease of purchase for use, and the community beliefs toward underage drinking.



Step #2: Capacity

LUZ recognizes that to build and sustain the capacity and infrastructure of our Coalition and our Coalition members, mandates the inclusion of multiple sectors of our community and the voices of those who daily live, work and find solutions to the issues that face our families, communities, neighborhoods, government and business entities.

This will be accomplished by the inclusion of the aforementioned domains in the identification of issues and resolutions. As demonstrated in the implementation of direct services and environmental strategies funded by the State Incentive Grant, we acknowledge that the system of effective prevention and the challenges of building and maintaining infrastructure and capacity is a continuous process, which occurs over time with community, level change.

Although funding is a necessary component to the capacity building process, we also recognize that the collective contributions and pooling of existing resources while identifying gaps in services and required resources for the system of sustaining existing services requires the gathering and collection of community opinions related to the issues that we face...how do we maximize our existing resources, identify and minimize the issues that plaque our communities, secure resources and fund programs and strategies that effectively address the identified concerns?

Building capacity and infrastructure that can be sustained over time within the Latino communities of Clark County is a dynamic process, which demands that tough questions are asked and answered within our communities. LUZ recognizes the challenges of building capacity and sustaining a system of prevention over time. We understand that effective prevention requires community level change and that it requires more than securing funds for individual programs. This section begins to explore and answer the difficult questions and provides valuable insight into our community's prevention efforts while identifying and describing our strengths and gaps.

Effectively serving the diverse region that falls within LUZ's service area requires an approach that is designed to meet our unique needs. Working with community level data and with the assistance of our Community Partners, LUZ has continued the process of data collection and analysis regarding the strategies, programs and services that exist within our community. Our Coalition members regularly review the data collected for program implementation and the funding of effective prevention programs and strategies. The Coalition is engaged in a variety of capacity building activities and strategies including:

- Local Coalition Meetings
- Community Awareness Presentations
- One-on-One Key Stakeholder meetings
- Collection and analysis of community data
- Community-wide youth and adult surveys
- Staff, community, and partner training events
- Youth Leadership trainings and events

These strategies and activities are designed to:

- Mobilize community resources
- Engage key stakeholders and service providers in the planning and implementation of sustainable prevention efforts
- Develop cultural responsiveness while building on the existing prevention infrastructure

- Mobilize both financial and organizational resources
- Increase sustainability of outcomes and evaluation capacity
- Develop and expand sustainable partnerships to provide resources and assistance

LUZ's capacity building activities and strategies including recognition of the challenges and barriers inclusive of

- Language
- Culture
- Transportation
- Accessibility
- Limited awareness about the issues and existing resources with our communities

The range of need in our communities is wide and varied. The challenges and barriers span from language and culture to transportation and accessibility. Limited awareness about the issues as well as about existing resources with our communities remains a barrier and impedes progress. The following chart highlights existing and needed resources.

Existing		Needed
State Funds – SAPTA / SPF SIG	Funding	Adequate funds to address priorities
		Funding for sustainability
	Laws Policy Norms	Consistent enforcement of laws and policies
		Awareness of healthy community norms
		Community support of law enforcement
Community Based Prevention Agencies and Organizations	Organizations, Programs And People	Prevention Service Providers
Community Based Treatment Agencies and Organizations		Youth leadership and development and training
Lucas		Board Development Trainings and Resources
		Capacity Building Trainings and Resources
	Information and Referrals	Student Support
		Support for parents of high-risk youth
Goshen Community Development Coalition	Equipment and Facilities	Increased availability of existing facilities
Lucas		Transportation for families needing services



Step #3: Planning

Planning involves the development of a comprehensive plan that outlines goals, outcomes and strategies that are the basis for a logical, data-driven plan to address the identified priorities. In order to address the identified priorities, gaps in capacity, challenges, and barriers, and to serve our communities with the most need, LUZ endeavors to:

- Sustain current evidence based services and programs that are deemed to be effective
- Increase local access to the prevention planning process
- Expand implementation of strategies and activities within each county

The following section outlines LUZ's intended outcomes, intervening variables, and recommended strategies to address the priorities, gaps in capacity, and gaps in services, which have been identified thus far. These will guide the implementation of LUZ's Strategic Prevention Framework and address LUZ's mission by improving access to needed prevention services within the communities we serve.

C: Outcomes

- Increased local capacity to address substance use/abuse
- Increased implementation of evidence-based prevention in a culturally relevant manner
- Prevention efforts resulting in changes in intervening factors including:
 - o Knowledge
 - o Attitudes
 - o Perceptions
 - o Norms

D: Intervening Variables

- Low perceived risk of alcohol and marijuana use
- Easy retail access to alcohol
- Easy social access to alcohol and marijuana
- Social norms accepting and/or encouraging alcohol use
- Promotion of alcohol use
- Low enforcement of alcohol laws

E: Strategies

- Community awareness to increase concern about alcohol and other drug use/abuse
- Social norms strategy to decrease disparity between perceived and actual behaviors and attitudes
- Strengthened local substance abuse prevention infrastructure
- Guidance and support for local implementation of a comprehensive prevention plan



Step #4: Implementation

While additional resources have been brought to our communities through the collective efforts of coalition members, the consumption patterns among youth in our communities did not show a decline in the most recently published (2005) Youth Risk Behavior Survey (YRBS). The rate of consumption in all areas monitored on the YRBS remains higher than the state average in at least two out of three counties. The Resource Assessment revealed that the majority of community resources have been focused on strategies that target individuals rather than on the community at large.

In order to address the wide range of gaps, challenges, and barriers, LUZ will continue to expand the recommended strategies with an increased focus on programs and strategies that involve longer term, potentially permanent changes that have a broader reach (e.g. policies and laws that affect all community members). In order to effectively address the identified priorities within the Clark County area, LUZ will implement a plan that includes but is not limited to the following type of activities:

F. Activities

- Enforce underage retail sales laws
- Social event monitoring
- Parent support training/activities
- Youth engagement training/activities
- School engagement training/activities
- Media engagement training/activities
- Compliance checks
- Beverage Server Training

In preparation for sustaining the implementation of effective prevention, LUZ has been engaged in the development of a comprehensive, logical, and data driven plan to address the priorities identified during the planning phase. Implementation involves action, which is guided by the process. LUZ's planning process resulted in a Logic Model focuses on a system for affecting community level change.

LUZ's focus is on a systematic process, not just funding and program implementation decisions. The process includes identification of evidence-based programs, policies, and practices to address the strategies outlined in the planning section. Having researched and assessed the current alcohol and drug trends within the Latino communities of Clark County, and having established a plan of action to address those trends, LUZ will move forward with implementation of a plan to favorably impact the identified priorities, which is illustrated in the following table:

LUZ Community Coalition –Community Logic Model

A. Priorities	B. Data Indicators	C. Outcomes	D. Intervening Variables	E. Strategies	F. Activities
Alcohol abuse and other drug use/abuse including: Binge Drinking Marijuana Use Methamphetamine Use	Binge Drinking Perception of harm/risk Alcohol outlet density 30-Day Use	Increased local capacity to address substance use/abuse Increased implementation of evidence-based prevention in a culturally relevant manner	Low perceived risk of alcohol and marijuana use Easy retail access to alcohol Easy social access to alcohol and marijuana	Community awareness to increase concerns about alcohol and other drug use/abuse Social norms strategy to decrease disparity between perceived and actual behaviors or attitudes	Enforce underage retail sales laws Social event monitoring Parent support training/activities
Drinking and driving among 16 to 25 year olds	Lifetime Use Age of onset Parental Monitoring Adult attitude toward behavior DUI Rates Traffic Fatalities School Incident Reports (alcohol and drug use on campus)	Prevention efforts resulting in changes in intervening factors including: Knowledge Attitudes Perceptions Norms	Social norms accepting and/or encouraging alcohol use Promotion of alcohol use Low enforcement of alcohol laws	Strengthened local substance abuse prevention infrastructure within each county Guidance and support for local implementation of the CCPP	Youth engagement training/activities School engagement training/activities Media engagement training/activities Compliance checks Beverage Server Training



Step #5: Evaluation

Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices. LUZ monitors the four core measures targeted by the SPF SIG, which are

- 30-Day Use
- Age of Onset
- Perception of Harm/risk
- Perception of Parental Disapproval

Additionally, we will review:

- Lifetime Use
- Perception of workplace policy; workplace AOD use; ATOD related suspensions and expulsions; attendance and enrollment
- Alcohol-related car crashes and injuries; alcohol and drug related crime
- Number of persons served by age, gender, race and ethnicity
- Total number of evidence-based programs and strategies, percentage of youth seeing, reading, watching, or listening to a prevention message
- Family communication around drug use
- Services provided within cost bands and compares local data to statewide and national statistics.

All programs to be funded by LUZ will be evaluated using standardized instruments. Through our collaborative partnership with the Substance Abuse Prevention and Treatment Agency (SAPTA), LUZ also completes an evaluation process to ensure the efficiency and effectiveness of our operating processes. We continue to collaborate with SAPTA and our sister coalitions in the development of a centralized database for the collection of process and outcome data.

These steps are linear in that they are addressed and completed in order. These steps are cyclical in that they are repeated in the community over time. The plan completed by LUZ and our community members will be instrumental in the future determination of prevention services and strategies implemented within Clark County.

The Board of Directors of LUZ as well as staff, contractors, Community Partners and volunteers, are committed to the implementation of the plan, as outlined in Section 3: Planning. We recognize that the consistency of the implementation of the CCPP will provide our community with a strategic design and foundation that will provide the desired result of increased capacity within our organizational structures to *“prevent and reduce the problems of substance abuse while providing an opportunity for local residents to take responsibility for addressing local community needs”*.

Through the evaluation process, we will document the outcomes of our Coalition based upon the National Outcomes Measures (NOMs) for prevention. We will also monitor and evaluate our process, effectiveness, and the sustaining of effective programs/activities, while recognizing the need to improve or replace those that fail.

Through the evaluation process we will review the link between the EPI process and the evaluation data to be collected and reported, what data has been collected and how it was analyzed, what trends the data suggests and how are these trends considered in our planning process. We will establish an ongoing monitoring and evaluation processes in conjunction with the single state agency, to provide our community members with the opportunities to:

- Receive technical assistance related to evaluation and performance measures
- Assess program effectiveness
- Identify successes
- Encourage improvement
- Promote sustainability of effective policies, programs, and practices
- And adjust implementation plans based on monitoring/evaluation activities

We will work with our single state agency to:

- Coordinate data collection
- Collect and report data on SAMHSA'S National Outcome Measures at all relevant levels, assist when possible with state-level evaluation
- Provide quarterly reports including evaluation information
- Participate in cross-site evaluation, including site visits and providing data to CSAP
- Consult and collaborate with the evaluation team
- Collect process evaluation
- Outcome data
- Outcome evaluation
- Review policy, program, and practice effectiveness
- Development of recommendations for quality improvement
- Provide evaluation reports and updates
- Provide recommendations for quality improvement
- Monitor and evaluate activities
- Provide performance data to the state

Evaluation measures the impact of programs and services as well as and how we meet the needs of program participants within our community. The process of evaluation involves collecting, analyzing, and interpreting information about how the coalition implements strategies and activities, and the impact of the programs and strategies that we fund. In LUZ's evaluation process, several types of data will be collected.

Process data will be collected and will describe the means by which program goals and procedures have been implemented and will provide documentation related to how and if the program has reached or failed to reach its target objectives. Implementation data will be collected to provide a basis for understanding program successes and formative needs. This data will answer the following program questions:

- What has been done?
- To what extent has the program functioned as planned?
- What needs have been met?
- What are the resulting outcomes?
- What needs remain?

Outcome data will be collected and describe project results and benefits to the community, students and families served. Outcome data will answer the following program questions:

- What was accomplished relative to stated program goals?
- What attitude and behavior changes have occurred in students, their families, and in relationship between various adults who have collaborated around the program?

Process and implementation data will be collected from each program implemented. Outcome data will be collected throughout the program from participants and at the completion of the

program. Evaluation methods may include anonymous surveys from participants for the purpose of enhanced implementations and the collecting feedback data.

LUZ will compile statistical data related to the identified community factors and conditions for review and comparison to state and federal reporting systems. We will also utilize the data collected from the Community and feedback surveys developed to regularly gauge the perception and needs of our Community Partners for specific events/programs and strategies.

Data will be used to guide LUZ through the funding and implementation of programs that will address local capacity issues of substance use/abuse, create community awareness regarding alcohol and drug use/abuse, and to educate the community on current risk behaviors.

COMMUNITY CALL TO ACTION:

Based upon the assessed needs of our community and the identified risk factors, we have developed a Community Plan specific to the needs associated and identified by the SPF SIG process for the implementation of effective prevention programs, strategies and initiatives within the Latino communities of Clark County.

This document will be shared with the members of our community as the foundation of the services to be considered for implementation through the SPF SIG process.

The Board of Directors and community members of LUZ shall disseminate the CCPP for the mobilization of our community around the identified strategies for the planning of prevention initiatives within the Clark County area.

LUZ is dedicated to reducing the impact of substance abuse within Latino communities in Clark County by increasing knowledge, awareness, and support for an effective and comprehensive system of prevention. Only with support and commitment from the community can this mission become a reality. Anyone wishing to help us achieve our goals is encouraged to call 702-880-4357 or email olgam1998@yahoo.com

Thank you for supporting our community!